OVERVIEW

Alaska Native 1998 User Population.

ANCHORAGE SERVICE UNIT	39,446
Aleutian/Pribilof Islands Association *	1,018
Bristol Bay Area Health Corporation (part)	694
Chickaloon	6
Chitina	37
Chugachmiut *	1,874
Copper River Native Association	497
Eastern Aleutian Tribes *	967
Eklutna Native Association	32
Kenaitze Indian Tribe *	1,314
Knik	1
Kodiak Area Native Association	2,774
Mt. Sanford Native Association	103
Ninilchik Traditional Council *	224
Seldovia Withdrawal Area *	743
Southcentral Foundation	28,584
Tanana Chiefs Conference (part)	416
Tyonek Village	162

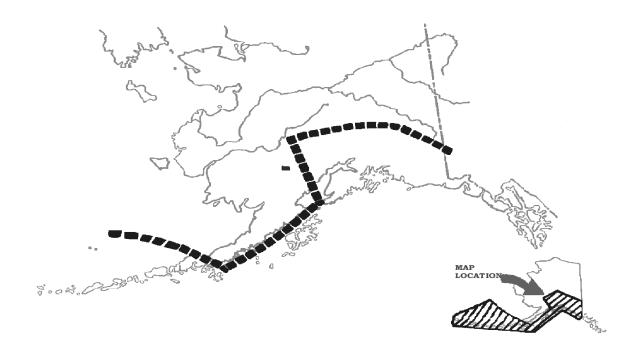
Users are defined as beneficiaries who used a facility that reports through the IHS data system at least once between 10/1/95 and 9/30/98. * Reflects adjustments made to tribes with data submission problems.

Environmental Factors. The Anchorage Service Unit measures about 107,413 square miles. The area extends east to the Canadian border, north to Cantwell, west to the upper reaches of the Kuskokwim Valley, and south to the Kenai Peninsula. Included within the region are the Aleutian and Alaska Ranges; the Talkeetna, Chugach, Maxwell and Wrangell Mountains; the Copper River and Matanuska Valleys; the Prince William Sound area; and both shores of Cook Inlet. In addition, the area extends southwest to Kodiak Island, the far end of the Alaska Peninsula, the entire Aleutian Chain and the Pribilof Islands.

The majority of Anchorage Service Unit residents live in the Municipality of Anchorage and the Matanuska Valley. Those residing in the Aleutian Islands, and other regions not accessible by road, are isolated from health facilities by immense distances, climatic extremes and geographic barriers.

The Aleutian and Pribilof Islands to the southwest of Anchorage are a semi-volcanic, treeless archipelago of about 22 large islands and hundreds of smaller ones accessible only by airplane and boat. The islands extend 1,500 miles in the southwest direction toward Russia,

with the stormy Bering Sea to the north and the Pacific Ocean to the south. Year round climate in the islands averages about 35 to 60 degrees F. The islands are called the "birthplace of the winds".



The southcentral region of the Anchorage Service Unit is a transitional climatic zone. The transitional zone encompasses the coastal communities and exhibits generally milder temperatures than the Interior of Alaska. January temperatures average 15 degrees F and July temperatures average 58 degrees F. Annual precipitation is 15.4 inches and annual snowfall is 69.3 inches. Depending on cold fronts, occasional extremes might dip to -30 degrees F. In the summer, extremes reach 70 to 80 degrees F.

The more northern part of the service unit is a continental climatic zone resembling the conditions in Interior Alaska. The temperatures here can drop to -70 degrees F in the winter, and reach as high as 90 degrees F in the summer. High average wind speeds are present in both zones creating snowdrift barriers for ground transportation and high wind chill factors on cold days.

Utilities. The Municipality of Anchorage has a modern utility system and most villages have working utilities. Residents in areas outside of existing communities, however, lack proper sewage disposal systems and use outhouses or honey buckets. Some communities that have centralized water systems do not have delivery systems and residents haul fresh drinking water from community wells. Some residents in the outlying areas of Anchorage Service Unit still haul drinking water from streams and rivers.

Communications. Communication systems in the Municipality of Anchorage are state of the art, readily available and reasonably priced. The rest of the Anchorage Service Unit has about 20 different local telephone systems. These small local telephone systems have problems such as inclement weather, lack of maintenance parts and trained personnel, geographic barriers and distances involved. Communication systems for Anchorage rural health centers that allow voice over data and rudimentary telemedicine are expensive and not readily available. Citizen-band radios are common in rural villages, providing effective links both within the village and with boats at sea.

Transportation. Flights from the Anchorage International Airport have direct and often nonstop service to many communities in Alaska and major cities in other states and countries. Many scheduled airlines make Anchorage a regular stopping point. The service unit is connected to a highway system that goes north out of Anchorage to the Matanuska-Susitna Valley, Copper River and Valdez regions. The system to the north is the only route for travel outside of the state. Highway systems go south out of Anchorage to Kenai Peninsula communities including Seward, Homer, Soldotna and Kenai. The Alaska Marine Highway System has regular scheduled ferries operating throughout southcentral Alaska, southeast Alaska and to the State of Washington. Once a month during the summer a ferry makes a trip to several communities along the Aleutian chain. Charter boats for fishing and touring are available in most coastal villages.

Housing. Government housing for hospital and health center staff is not available in the service unit. Private housing is widely available in the Municipality of Anchorage, but private homes in the rural parts of the service unit are frequently overcrowded, poorly insulated and substandard. There is a great need for energy efficient, affordable housing.

Education. Anchorage is an educational nucleus for the service unit. The University of Alaska at Anchorage (UAA) offers degrees in a wide variety of fields at the bachelors and masters level. UAA has campuses in Soldotna, Kodiak, Palmer, Valdez, Cordova, Glenallen, Ft. Richardson, Elmendorf and extended sites in Eagle River. There are about eight different school districts in the Anchorage Service Unit, about one hundred elementary schools and around 20 high schools. Schools in the smaller villages serve all students K-12, and can not be defined as elementary or secondary. While few Tribes in the Anchorage Service Unit receive separate funding for health education in their contracts, there is some level of health education provided in each program.

Natural Resources. The Municipality of Anchorage is the hub of commerce for the State of Alaska. Natural resources like fish, game, coal, oil and gold have contributed to its growth. Many organizations have headquarters here, including the oil, finance, construction and transportation industries as well as State and Federal Government agencies.

The coastal lands of Alaska offer abundant opportunities for sport and commercial fishing. Popular among tourists are the fishing charters in the Kenai Peninsula, which outfit even novice fishermen for catching halibut that weigh over 200 pounds. During the commercial fishing season, fishermen work long hours bringing in catch that will supply income for the

remainder of the year. Along the coast and in the Aleutian Chain, fishing is a major industry and way of life for many residents.

Economic Conditions.

Labor Force by Borough & Census Area April 2000

	Unemployment	Employment
Municipality of Anchorage	6,587	135,400
Mat-Su Borough	2,541	27,760
Kenai Peninsula Borough	2,322	18,579
Kodiak Island Borough	426	6,210
Valdez-Cordova	475	4,501
Aleutians East Borough	41	1,497
Aleutians West	115	1,812

Source: State of Alaska, Alaska Department of Labor and Workforce Development, Research and Analysis Section, Alaska Economic Trends, July 2000, p21

Per Capita Income by Borough & Census Area 1998

Aleutians East Borough	\$23,323
Aleutians West Census Area	\$27,353
Anchorage - Municipality	\$32,659
Kenai Peninsula Borough	\$25,120
Kodiak Island Borough	\$24,166
Matanuska-Susitna Borough	\$18,752
Valdez-Cordova Census Area	\$28,256

Source: State of Alaska, Alaska Department of Labor and Workforce, Research and Analysis Section, Alaska Economic Trends, August 2000, p21.

Tribes. The Federally recognized tribes are listed under the tribal health organizations in their region.

Aleutian/Pribilof Islands Association Region

Native Village of Atka - P.O. Box 47030, Atka, AK 99502 Native Village of Belkofski - P.O. Box 57, King Cove, AK 99612 Native Village of Nikolski - General Delivery, Nikolski, AK 99638 Pauloff Harbor Village - General Delivery, Sand Point, AK 99661 Aleut Community of St. Paul - P.O. Box 86, St. Paul Island, AK 99660 Qawalingin Tribe of Unalaska - P.O. Box 334, Unalaska, AK 99685

Bristol Bay Area Health Corporation Region (part)

Village of Iliamna - P.O. Box 286, Iliamna, AK 99606 Kokhanok Village - P.O. Box 1007, Kokhanok, AK 99606 Newhalen Village - P.O. Box 207, Iliamna, AK 99606 Nondalton Village - General Delivery, Nondalton, AK 99640 Pedro Bay Village - P.O. Box 47020, Pedro Bay, AK 99647

Chugachmiut Region

Native Village of Chenega (IRA) - P.O. Box 8079, Chenega Bay, AK 99574
Native Village of Eyak - P.O. Box 1388, Cordova, AK 99574
Native Village of Nanwalek (aka English Bay) - P.O. Box 8086, Nanwalek, AK 99603-6665
Native Village of Port Graham - P.O. Box 5510, Port Graham, AK 99603-8998
Native Village of Tatitlek - P.O. Box 171, Tatitlek, AK 99677
Qutekcak Native Tribe - P.O. Box 1816, Seward, AK 99664
Valdez Native Tribe - P.O. Box 1108, Valdez, AK 99685

Chickaloon Region

Chickaloon Native Village - P.O. Box 1105, Chickaloon, AK 99674

Chitina Region

Chitina Traditional Village Council - P.O. Box 31 Chitina, AK 99566

Copper River Native Association Region

Native Village of Cantwell - P.O. Box 94, Cantwell, AK 99729 Native Village of Gakona - P.O. Box 303, Copper Center, AK 99573 Gulkana Village - P.O. Box 254, Gakona, AK 99586 Native Village of Kluti-kaah (aka Copper Center) - P.O. Box 68, Copper Center, AK 99573 Native Village of Tazlina - P.O. Box 188, Glennallen, AK 99588

Eastern Aleutian Tribes Region

Native Village of Akutan - P.O. Box 89, Akutan, AK 99553
Native Village of False Pass - P.O. Box 29, False Pass, AK 99583
Agdaagux Tribe of King Cove - P.O. Box 18, King Cove, AK 99612
Native Village of Nelson Lagoon - P.O. Box 13-NLG, Nelson Lagoon, AK 99571
Qagun Toyagungin Tribe - P.O. Box 447, Sand Point, AK 99661
Native Village of Unga - P.O. Box 508, Sand Point, AK 99661

Eklutna Region

Eklutna Native Village - 26339 Eklutna Village Rd., Chugiak, AK 99567

Kenaitze Region

Kenaitze Indian Tribe IRA - P.O. Box 988, Kenai, AK 99611 Village of Salamatof - P.O. Box 2682, Kenai, AK 99611

Knik Region

Knik Tribe - P.O. Box 872130, Wasilla, AK 99687

Kodiak Region

Village of Afognak - 214 W. Rezanof, Kodiak, AK 99615
Native Village of Akhiok - P.O. Box 5030, Akhiok, AK 99615
Kaguyak Village - General Delivery, Kodiak, AK 99615
Native Village of Karluk IRA - P.O. Box 22, Karluk, AK 99608
Native Village of Larsen Bay - P.O. Box 35, Larsen Bay, AK 99624
Lesnoi Village (aka Woody Island) - P.O. Box 242071, Anchorage, AK 99615
Village of Old Harbor - P.O. Box 62, Old Harbor, AK 99643
Native Village of Ouzinkie - P.O. Box 13, Ouzinkie, AK 99644
Native Village of Port Lions - P.O. Box 69, Port Lions, AK 99550
Shoonag' Tribe of Kodiak - General Delivery, Kodiak, AK 99615

Mt. Sanford Region

Native Village of Chistochina - P.O. Box 241, Gakona, AK 99586 Mentasta Lake Village - P.O. Box 6019, Mentasta Lake, AK 99780

Ninilchik Region

Ninilchik Village Traditional Council - P.O. Box 39070, Ninilchik, AK 99639

St. George Island Region

St. George Traditional Council - P.O. Box 940, St. George Island, AK 99591

Seldovia Region

Seldovia Village Tribe - P.O. Drawer L, Seldovia, AK 99663

Southcentral Foundation

Southcentral Foundation - 670 Fireweed Lane, Suite 123, Anchorage, AK 99503

Tanana Chiefs Conference (part)

McGrath Native Village - P.O. Box 134, McGrath, AK 99627 Nikolai Village - Nikolai Rural Branch, Nikolai, AK 99691 Takotna Village - P.O. Box TYC, Takotna, AK 99675 Telida Village - General Delivery, Telida, AK 99629

Tyonek Region

Native Village of Tyonek IRA - P.O. Box 82009, Tyonek, AK 99682

Valdez Region

Valdez Native Association - P.O. Box 1108, Valdez, AK 99686

DESCRIPTION OF HEALTH-CARE DELIVERY SYSTEM

Name and Location of Hospitals/Clinics.

Alaska Native Medical Center (ANMC), 4315 Diplomacy Drive, Anchorage, Alaska 99508

Located geographically within the boundaries of Southcentral Foundation (SCF) tribe, Alaska Native Medical Center (ANMC) operates as the "gatekeeper" for most of the specialty care required by Alaska Natives in all regions of the State. Sixty-two percent of the inpatient days at ANMC are referred from outside of the service area and 28% of all outpatient visits are referred from outside.

Inpatient specialty care at ANMC includes the following: orthopedics (including inpatient and outpatient surgery), anesthesiology, cardiology, radiology, ophthalmology, intensive care adult, level II newborn intensive care, progressive care, obstetrics, gynecology, oncology, pediatrics, otolaryngology, and pathology. ANMC provides outpatient specialty care services such as day surgery, orthopedics, ophthalmology, urology, otolaryngology, and specialty testing such as treadmill, computerized axial tomography (CAT) scans, magnetic resonance imaging (MRI), endoscopies and ultra sounds.

ANMC is also an information and resource center for other service units (Samuel Simmonds Memorial Hospital, Kanakanak Hospital at Dillingham, Maniilaq Health Center at Kotzebue, Mt. Edgecumbe Hospital at Sitka, Norton Sound Hospital at Nome, and Yukon-Kuskokwim Hospital at Bethel). These facilities rely on ANMC medical and nursing staff for advice and consultation during the treatment of difficult cases.

Specialty services that are not available at ANMC are provided through contracts with private providers in Alaska and other states.

Number of beds by type of service at ANMC as of December 2000.

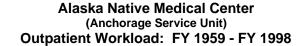
	# of Beds		# of Beds
Adult Medical	27	Pediatric Medical	25
Adult Surgical	63	% occupied 52%	
% occupied 88%			
		Obstetric	16
Newborn	17	ICU/SCU	6
% occupied 57%		PCU	9

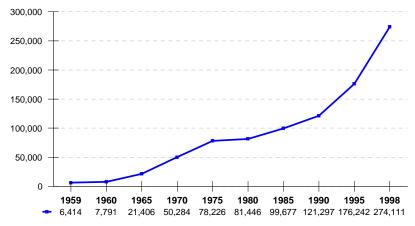
Source: Monthly Report of Inpatient Services, 202 Report dated December 2000.

Management of the Alaska Native Medical Center.

The ANMC is managed by two tribal health organizations: Alaska Native Tribal Health Consortium (ANTHC) which operates approximately two-thirds of the program, and SCF which operates approximately one-third.

Southcentral Foundation purchases services from the Consortium so that all of the core central components of the Medical Center are managed solely by the Consortium (including the emergency room, pharmacy, radiology, internal medicine, surgery, etc.). A revenue-sharing agreement was developed so that both organizations benefit from collections from Medicaid, Medicare, and private insurance payors fairly.





Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, Direct Outpatient Report 1A.

Alaska Native Medical Center Leading Causes of Outpatient Visits: 1994 - 1997

All Age Groups	FY 1994	FY 1995	FY 1996	FY 1997
Tests Only	15,027	16,886	17,386	27,870
Hospital Medical/Surgical Follow-up	15,761	14,331	17,124	14,700
Upper Respiratory Problems	7,897	9,620	11,700	13,016
Accidents & Injuries	11,596	11,404	10,743	12,472
Bone & Joint Disorders	6,004	7,351	8,800	10,844
Otitis Media	7,663	8,053	8,508	8,588
Prenatal Care	9,931	9,927	10,448	8,553
Neuroses & Non-Psychotic Disorders	9,307	8,390	8,248	8,350
Gynecologic Problems	5,498	6,725	6,539	6,907
Immunization	7,555	6,173	7,855	6,831

Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, APC Report 1C.

Rural Anchorage Service Unit.

Native health organizations contract with the Alaska Area Native Health Service to provide a broad spectrum of health services throughout the Anchorage Service Unit geographic area. The following are descriptions of these Native health organizations.

Aleutian/Pribilof Islands Association (A/PIA).

St. Paul Health Center, P.O. Box 148, St. Paul Island, AK 99660

From its central office in Anchorage, A/PIA serves a 128,000-square-mile area that encompasses 11 communities and stretches westward 1,130 miles. Health services are delivered to the villages of Atka, Nikolski, St. Paul, St. George and Unalaska. Community Health Aides are provided by A/PIA to the communities of Atka, Nikolski, St. Paul and Unalaska.

Severe and unpredictable weather conditions affect the physical and mental health of the people who live in the region. In addition, transportation is both expensive and time-consuming. These factors account for the high cost of delivering health and social services to this segment of the Alaska Native population.

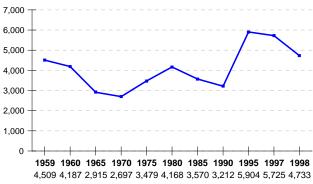
The A/PIA Health Department contracts funds from the Indian Health Service and other federal agencies, the State of Alaska, and private foundations to provide preventive primary care. Community health aides and community health representatives deliver the health care. Other programs include substance abuse, health education, emergency medical services, social services, education, training, management of the St. Paul Health Center, contract health care, regional planning and public safety. The substance abuse program has offices located in Unalaska and St. Paul.

It is the policy of A/PIA to encourage local people to make the decisions that affect their communities. Field clinics located throughout the region have supplemented local control and involvement in implementing programs. This is consistent with A/PIA's mission of increasing community independence and participation.

The primary goal at A/PIA is to elevate the health status of the Aleuts to the highest level possible. In doing this, the association helps communities identify and solve their own problems. Helping the Aleut people develop the health care system that affects them is an important step in achieving this goal.

St. Paul Health Center - St. Paul, Alaska. The St. Paul Health Center provides essential health care services to a community that experiences exceptionally high rates of chronic disease and traumatic injury. St. Paul is three hours travel time by air from the closest alternate source of care.

St. Paul Health Center (Anchorage Service Unit) Outpatient Workload: FY 1959 - FY 1998



Source: Aleutian/Pribilof Islands Association local data system.

St. Paul Health Center Leading Causes of Outpatient Visits: FY 1993 - FY 1997

All Age Groups	FY 1993	FY 1994	FY 1995	FY 1997
Hypertension	118	53	96	229
Upper Respiratory Problems	307	383	324	178
Tests Only	224	323	208	173
Accidents & Injuries	314	425	285	142
Neuroses & Non-Psychotic Disorders	61	84	73	123
Diabetes	63	69	65	90
Hospital Medical/Surgical Follow-up	171	149	137	71
Bone & Joint Disorders	99	73	67	64
Gynecologic Problems	42	36	45	39
Family Planning	91	61	53	31

NOTE: Data not available for FY 1996. Source: Aleutian/Pribilof Islands Association local data system.

Bristol Bay Area Health Corporation (part).

The communities of Iliamna, Kokhonak, Newhalen, Nondalton and Pedro Bay, while located within the Bristol Bay Area Health Corporation, receive their inpatient and outpatient clinical services from the Anchorage Service Unit due to favorably transportation links into Anchorage. Community health services are provided through the Bristol Bay Service Unit by the Bristol Bay Health Corporation.

Chickaloon Native Village.

The community of Chickaloon is located in the Matanuska-Susitina Borough within a two hour drive of Anchorage, and approximately 26 miles northeast of Palmer and Wasilla. Chickaloon provides emergency and non-emergent patient transportation to tribal members in need of a ride to Palmer, Wasilla or Anchorage for medical services.

Chitina Traditional Council.

This tribal organization contracts with the Alaska Area Native Health Service to provide community health aide clinic and patient transportation services for the village of Chitina.

Chugachmiut.

Seward North Star Clinic - P.O. Box 1429, Seward, AK 99664 Ilanka Health Center - P.O. Box 1388, Cordova, AK 99574

Chugachmiut (translated to English, means "people of the Chugach Region") incorporated during 1974 to serve the seven Native communities within the Chugach Region. A seven-member Board of Directors governs Chugachmiut. Each member represents and is selected by their tribal government. During fiscal year 1995, Chugachmiut joined other regional tribal health organizations to form the Alaska Tribal Health Compact for the assumption of certain Indian Health Service Area and Headquarters programs, functions, services, and activities.

Chugachmiut is the region's major service organization and works with other agencies within the region such as the North Pacific Rim Housing Authority, Public Health Nursing, Chugach Regional Resources Commission, Homer Community Mental Health, South Peninsula Women's Services, Seaview, and Sound Alternatives.

The Chugach Region stretches across the Prince William Sound to the Kenai Peninsula, encompassing over 15,000 square miles. Unpredictable and harsh weather conditions, high transportation costs and distance make this region extremely difficult to serve. The region consists of the Alutiiq villages of Chenega Bay, Nanwalek, Tatitlek, and Port Graham as well as the larger communities of Eyak/Cordova, Qutekcak/Seward, and Valdez. Of the seven communities, only Seward and Valdez are on the road system; the remaining five communities can only be reached by air or boat. Chugachmiut's regional office is located in Anchorage along with two field offices in Seward and Homer.

According to the 2000 census, 2,201 Alaska Natives and American Indians live in the Chugach Region. Port Graham, Nanwalek, Tatitlek and Chenega Bay are small remote Alaska Native villages. Alaska Natives/American Indians represent about 15% of the total Eyak/Cordova population. In the two remaining communities, Seward and Valdez, Natives represent 21% and 10% of the population, respectively.

Chugachmiut's Health Service Division operates community health aide village clinics in Port Graham, Nanwalek, Chenega Bay and Tatitlek. The North Star Health Clinic in Seward is staffed by mid-level practitioners and provides itinerant mid-level practitioner services to Chenega Bay and Tatitlek. Itinerant mid-level services are provided to Port Graham and

Nanwalek beneficiaries through a Homer based practitioner. The Ilanka Health Center in Cordova is tribally operated through a memorandum of agreement between Chugachmiut and the Native Village of Eyak and is staffed by two mid-level practitioners. Other programs include Contract Health Care; Family Health Care/Education; Pharmacy Services; Behavioral Health; CHR, and limited Dental Services. This division operates an IHS Diabetes Prevention grant, DHHS/HRSAAIDS/HIV Case Management and Title III planning grants, a state funded Special Nutrition Program for Women, infants, and children (WIC) for the Valdez-Cordova Census Area which includes the Copper River region, and the Maternal Child Health Prenatal program for the Anchorage Service Unit. Chugachmiut is also the recipient of a IHS Dental Disease Prevention and Health Promotion grant.

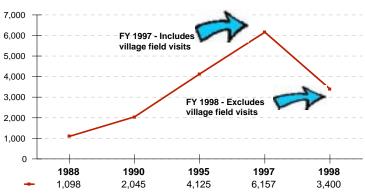
The Community and Social Services Division administers the Social Services/Case Management, Emergency Medical Services, Youth Action, and Regional Alcohol & Drug Abuse Prevention programs with IHS Compact funds. The division also administers BIA General Assistance, 477 Employment and Training, and Forestry programs. The majority of

divisional programs are grant funded and include ANA Environmental Quality, ANA

Tribal Enforcement Options, DHHS
Child Care, DHHS Older
Americans, DHHS/ACF Head
Start, DHHS/ACF Family Violence
Prevention, various EPA
Environmental grants, DOJ Child
Protection Services, DOJ STOP
Violence Services, EVOS
Repository & Local Display
Facilities Projects, and state
funded Village Public Safety
Officer and Juvenile Justice

programs.

Seward North Star Clinic
(Anchorage Service Unit)
Outpatient Workload: FY 1988 - FY 1998



Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, APC Report 1A.

Seward North Star Clinic Leading Causes of Outpatient Visits: FY 1994 - FY 1997

	FY 1994	FY 1995	FY 1996	FY 1997
Upper Respiratory Problems	430	706	716	892
Accidents & Injuries	173	231	379	532
Otitis Media	228	214	360	466
Tests Only	96	218	167	295
Neuroses & Non-Psychotic Disorders	140	296	341	258
Bone & Joint Disorders	61	106	190	250
Hypertension	62	183	140	236
Physical Examinations	33	75	114	212
Prenatal Care	48	61	83	161
Urinary Tract Disorders	82	117	163	141

Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, APC Report 1C.

Copper River Native Association.

Copper River Native Association joined other regional tribal health organizations to form the Alaska Tribal Health Compact for the assumption of certain Indian Health Service Area and Headquarters programs, functions, services, and activities. Copper River Native Association provides services to the following five Native villages: Cantwell, Gakona, Gulkana, Kluti-Kaah (Copper Center), and Tazlina.

CRNA programs that have funding through the Indian Health Service include:

Tribal Management Support

Community Health Aide Program to the villages of: Cantwell, Copper Center, Gulkana

Community Health Representative Program

Emergency Medical Services and Community Injury Prevention Program

Alcohol and Drug Education Program

Prenatal Support Services

Child Mental Health Program

Diabetes Program

Fluoridation

Optometry

Audiology

Patient Transportation

Contract Health Care: CRNA assumed the direct patient care subcontract for services provided at Cross Road Medical Center in Glennallen and has continued the contract since 1984. Cross Road Medical Center opened in 1956 as Faith Hospital, and since that time the Center has provided short-term emergency clinic and dental services to the residents of the Copper River Basin.

Federally funded programs at CRNA include:

Department of Interior: Bureau of Land Management Cadastral Survey, Bureau of Land Management Research Grant, and National Park Service/Alaska Region/Research Study.

Bureau of Indian Affairs: Johnson O'Malley Program, and Housing Improvement Project.

Division of Health and Human Services: Nutrition Services for Native Americans.

State Funded Programs at CRNA include:

Infant Learning Program

Alaska Youth Initiative Program

Community Mental Health Program

Senior Citizen Program

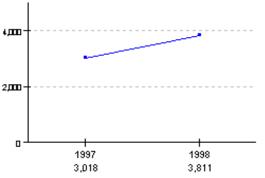
Community Health Aid Training Program

Native Jobs Child Care Program

Eastern Aleutian Tribes.

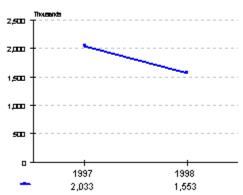
Eastern Aleutian Tribes, Inc. (EAT) is a non-profit organization that was formed in June 1991 because of region wide dissatisfaction with health care. EAT's mission and sole focus is to develop and provide a full range of adequate medical and clinical services to the people of the Aleutian/Pribilof region. This tribal organization contracts with the Alaska Area Native Health Service to provide medical and clinical services to the six rural communities of Akutan, Cold Bay, False Pass, King Cove, Nelson Lagoon, and Sand Point in the Eastern Aleutian region. Mental health services are provided to the five rural communities of Atka, Nikolski, St. Paul, St. George, and Unalaska in the Western Aleutian/ Pribilof region. EAT provides community health aide services to the communities of Akutan, False Pass, King Cove, Nelson Lagoon and Sand Point.

King Cove Health Clinic (Anchorage Service Unit) Outpatient Workload: FY 1997 - FY 1998



Source: Eastern Aleutian Tribes local data system.

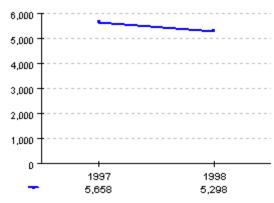
Akutan Health Center (Anchorage Service Unit) Outpatient Workload: FY 1997 - FY 1998



Source: Eastern Aleutian Tribes local data system.

Sand Point Health Clinic (Anchorage Service Unit)

Outpatient Workload: FY 1997 - FY 1998



Source: Eastern Aleutian Tribes local data system.

Kenaitze Indian Tribe.

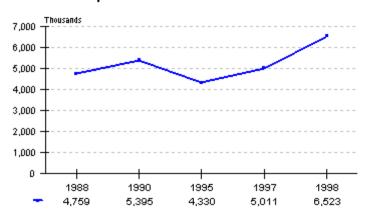
Dena'ina Health Clinic, 416 Frontage Road, Kenai, Alaska 99611

The Kenaitze Indian Tribe (KIT) services most of the Alaska Natives who live on the western Kenai Peninsula between Point Possession and Kasilof. KIT provides outpatient and emergency care at the Dena'ina Health Clinic, in addition to purchasing some outpatient contract health services from private providers on the Kenai Peninsula. A primary collaborating physician supervises a physician's assistant at the Clinic. The physician's assistant sees patients and makes referrals to medical specialists on a subcontract to KIT or

the Alaska Native Medical Center. In addition to these services, the physician assistant also provides prevention education to patients who are at risk of having health problems due to cigarette smoking, and alcohol and/or drug use.

The Dena'ina Health Clinic now offers full-time dental care, with emphasis on prevention (yearly exams, fluoride treatment up to age 16, sealants, and education on oral hygiene). Their dental facility has also expanded to include field work in Tyonek and Ninilchik.

Dena'ina Clinic (Kenai) (Anchorage Service Unit) Outpatient Workload: FY 1988 - FY 1998



Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, Direct Outpatient Report 1A.

Knik Tribal Council.

Knik is located in the Matanuska-Susitina Borough on the west bank of the Knik Arm of Cook Inlet. The tribe contracts with IHS to provide non-emergent local transportation services to tribal members. They also purchase limited medical, vision and dental contract health services in the Wasilla area for tribal members.

Kodiak Area Native Association.

Alutiiq Enwia Medical Center, 402 Center Avenue, Kodiak, Alaska 99615 In November 1966, KANA organized a nonprofit organization to address health, economic development, education and social services to Kodiak and the six outlying villages of Akhiok, Karluk, Larsen Bay, Old Harbor, Ouzinkie, and Port Lions. KANA has been providing community health services to the Alaska Native communities on Kodiak Island since 1973.

Since the beginning of FY 1981, KANA has managed all Native health services delivered on Kodiak Island. Community health aides and community health representatives provide primary preventive care. Services are provided by the KANA Medical Clinic, KANA Dental Clinic and the KANA Pharmacy. A new, larger facility, wholly owned by KANA, was completed in 1996 to serve as the health, social and administrative headquarters for KANA.

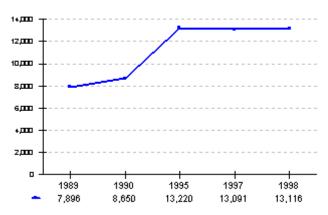
Both inpatient and outpatient contract health services are purchased by KANA from private providers on Kodiak Island. Each month, an itinerant physician or physician's assistant visits each village to give medical care. Kodiak has an island-wide EMS system, Red Cross first aid program and an environmental health services program. All six villages receive assistance in construction of clinics. Senior citizens have a nutrition program. Natives receive legal service advocacy and transportation. A village alcoholism counseling and prevention program is also available. KANA provides community health aide services to the communities of Akhiok, Karluk, Larsen Bay, Old Harbor, Ouzinkie, and Port Lions. Since

1996, Spirit Camp has been conducted each summer to instruct Native youth in the culture of early Alutiiq people through an active participation in a field course that offers cultural skills to Kodiak's youth.

Early Europeans used the term "Koniag" to refer to the indigenous inhabitants of the Kodiak Archipelago. The Koniag are a separate ethnographic group, originally neither Aleut nor Eskimo, but probably a mixture of the two.

During the period of recorded history, the number of settlements on Kodiak has varied widely, from 7 to 57. At

Alutiiq Enwia Clinic (Kodiak) (Anchorage Service Unit) Outpatient Workload: FY 1989 - FY 1998



Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, Direct Outpatient Report 1A.

present, the Island has seven legally designated communities, including the City of Kodiak. The seven member KANA Health Board consists of a representative from each of the villages of Akhiok, Karluk, Kodiak, Larsen Bay, Old Harbor, Ouzinkie and Port Lions.

Alutiiq Enwia Clinic (Kodiak) Leading Causes of Outpatient Visits: FY 1994 - FY 1997

All Age Groups	FY 1994	FY 1995	FY 1996	FY 1997
Upper Respiratory Problems	970	1,362	1,393	1,309
Hypertension	716	1,410	1,359	1,078
Accidents & Injuries	436	713	681	912
Neuroses & Non-Psychotic Disorders	276	633	643	851
Otitis Media	620	681	743	687
Heart Disease	220	441	525	661
Respiratory Allergies	162	341	519	609
Gynecologic Problems	346	477	647	601
Family Planning	334	570	478	489
Diabetes	159	320	422	485

Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, APC Report 1C.

Mt. Sanford Tribal Consortium.

This tribal organization contracts with the Alaska Area Native Health Service to provide community health representatives, community health aides, alcohol and mental health, and contract health services to the Native residents of Chistochina, Mentasta, Nabesna, and Slana. Community health aide services are provided in Chistochina and Mentasta.

Native Village of Eklutna.

The Native Village of Eklutna (NVE) is located at mile 26.5 off the Palmer/Glenn Highway within the Municipality of Anchorage boundaries. NVE is the only tribally owned land within the 1,251,640 acre Municipality. The drive from Anchorage takes 30 minutes.

From 1975 to 1990, Cook Inlet Native Association and the Eeda Regional Consortium of Tribes administered the health programs in NVE. Beginning in 1991, NVE itself began to administer the health services consisting of the following programs: Tribal Management Support, Rural Alcohol, Community Health Representative (CHR), Emergency Medical Services, Child Mental Health Program, and Community Health Care-Dental.

The CHR assists village elders, families with young children and has formed a network system with local providers to assist in the process. The CHR also functions as a maternal care resource person and is also involved with village youth regarding health education, drug and alcohol prevention.

The emergency medical services staff person has been involved in safety education, disaster training, emergency trauma training, and cardio pulmonary resuscitation instructor training. The staff conducts home visits and monitors smoke alarms and fire extinguishers. They have a three member first response team that works with the local fire department on emergencies.

The rural alcohol program facilitates alcoholics anonymous meetings once a week and once a month Potlatch to achieve the goal of sobriety for the NVE. The rural alcohol person also conducts home visits to follow-up on and monitor village needs. Youth activities are provided twice a week for the village youth to have fun and learn about the dangers of substance abuse. The youth population in the village is 21. NVE runs summer youth camps for school and teach traditional ways of life.

Ninilchik Traditional Council.

The Ninilchik Traditional Council (NTC) is the tribal government for the Ninilchik Tribe. The Council governs an area encompassing about 2,000 square miles, from the Kasilof River to Anchor Point on the Kenai Peninsula, and serves seven communities, including Ninilchik. The community of Homer is in the Ninilchik Alaska Native Village Statistical Area, but health services in Homer are provided by the Seldovia Native Association. Among the health problems facing the Ninilchik Tribe are diabetes, heart disease, dental disease, alcoholism and drug abuse.

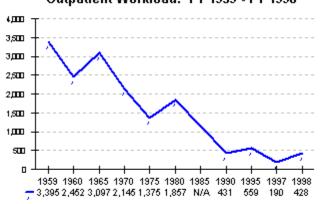
The NTC contracts with the Indian Health Service to provide preventive primary care and education to its members to combat and prevent health problems. Services include a physicians assistant, community health aide, diabetes program, community health services, rural alcohol, mental health, Alcohol 99-570, limited contract health dental, and tribal health management.

A board of directors consisting of five members directs the administration of the health programs. Board members serve for three-year staggered terms, and elections occur annually. The NTC has identified several purposes: promotion of the health, education, welfare, and social well-being of the Tribe; furthering their members' contribution to the larger society; and securing their members' right to full participation in the political and economic future of the Tribe.

St. George Traditional Council.

The St. George Health Center provides essential health care services to a community that experiences exceptionally high rates of chronic disease and traumatic injury. St. George is approximately three hours travel time by air from the closest alternate source of care. The clinic has not used the services of a midlevel provider for several years and is currently staffed with a community health aide.

St. George Health Center (Anchorage Service Unit) Outpatient Workload: FY 1959 - FY 1998



Source: St. George Traditional Council local data system. This data does not include community health aide workload.

Seldovia Village Tribe.

The Seldovia Village Tribe has

contracted since FY 1990 providing services to Seldovia, Homer and three surrounding villages in between. Programs funded through Indian Health Service include: Community Health Representative Program, Emergency Medical Services, Child Mental Health Program, Johnson O'Malley Program, Tribal Operations, Social Services, Subsistence, Road Maintenance, Senior Citizen Program, Low Income Housing Energy Assistance Program and the Bureau of Indian Affairs (BIA) funds the Indian Child Welfare Act (ICWA) Program.

Contract Health Care - Seldovia contracts with the local clinic in Seldovia and two health clinics in Homer for outpatient services. Emergency room, Laboratory/Radiology and limited inpatient services are available at South Peninsula Hospital in Homer. Seldovia Village Tribe contracts with one dentist in Seldovia and two dental clinics in Homer for a limited scope of dental services. Pharmacy services are available in Homer.

Seldovia provides a village-based alcohol and drug abuse program to the community of Seldovia and the village of Nanwalek. South Kachemak Inc., Alcohol Program (SKIAP) has a twofold mission. The Directors established the goals of the program to include: address the individual victims of the disease of alcoholism and drug abuse. Second is to assist the communities, particularly the youth, in the development of social values sanctioning sobriety.

Southcentral Foundation.

Southcentral Foundation (SCF), located in Anchorage, operates as the non-profit health organization for the approximately 25,000 Alaska Natives and American Indians living in the Municipality of Anchorage and in the Matanuska-Susitna (Mat-Su) Valleys. Funding to SCF for designated programs is provided primarily through Indian Health Services (IHS) via both the Alaska Area Native Health Service and the State of Alaska.

Health Care in the Anchorage Bowl and Mat-Su Valley is facilitated through a variety of different organizations including Southcentral Foundation, State of Alaska Public Health Nursing, Alaska Native Medical Center, State of Alaska Department of Corrections and University of Alaska Anchorage Campus. Anchorage is a metropolitan city, primarily non-Native, with a history of cultural diversity.

Beginning in January 1999, Southcentral Foundation became responsible for management of the following Alaska Native Medical Center (ANMC) services: all programs at the Primary Care Center, the dental clinic, the optometry clinic, the audiology clinic and portions of several support programs. About one-third of the operating budget of ANMC is administered by Southcentral Foundation, and the rest by the Alaska Native Tribal Health Consortium (ANTHC). Approximately one-fourth of the staff at ANMC are Southcentral employees.

Southcentral Foundation Services.

SCF Primary Care Clinics:

Audiology Children's Clinic Dental Clinic
Family Medicine Clinic Medical Records Mental Health
Mountain View Health Clinic Optical Shop at ANMC Optometry Clinic
Laboratory Radiology Urgent Care Center

Women's Health Clinic Complementary Medicine Pharmacy

SCF Community Education:

Community Education Department Community Health Nutrition Program

HIV/AIDS/STD Program Minority Organ and Tissue Transplant Education

Women's Wellness Program Program (MOTTEP)

SCF Medical Support Programs:

Contract Health Family Health Resources

Immunization Program Laboratory
Maternal Child Health Program Pharmacy

Yupik Interpreters/Patient Advocates

SCF Home Based Services:

Nutaqsiivik – case management for high-risk families

Pacific Home – a home health agency offering nursing, home health aides, social and rehabilitation services

Quyana Clubhouse – psychiatric rehabilitation

Dena A Coy Pogram – residential prenatal program

Early Head Start Facility – allows infants from participating low-income Alaska Native families to remain at the same child care/development facility from the age of six weeks to five years.

The Pathway Home – a comprehensive approach to providing services for at risk and severely emotionally disturbed Alaska Native/American Indian adolescents who are among those at the highest risk for a number of behavioral problems.

Tanana Chiefs Conference (part).

The communities of McGrath, Medfra, Nikolai, Takotna and Telida, while located within the Tanana Chiefs Conference, receive their inpatient and outpatient clinical services from the Anchorage Service Unit due to favorable transportation links into Anchorage. Community health services are provided through Interior Alaska Service Unit by the Tanana Chiefs Conference.

Native Village of Tyonek.

This tribal organization contracts with the Alaska Area Native Health Service to provide community health aides, community health representatives, emergency medical, alcohol and mental health services to the Native residents of Tyonek.

NON-TRIBAL HEALTH AGENCIES AND FACILITIES AND TYPES OF SERVICES PROVIDED TO SERVICE POPULATION

The following private hospitals in the Anchorage service unit provide approximately 1,025 admissions and 3,380 hospital days per year to Alaska Native patients. The specialty services provided are not anticipated to change during the next ten years, and these health care delivery utilization patterns are expected to remain constant.

Non-Tribal Specialty Services Contracted by ANMC.

The Columbia Alaska Regional Hospital in Anchorage is used for the following inpatient specialty services: rehabilitation care, neuro-surgery, trauma, and some cardiac services not requiring surgery.

ANMC contracts with **Providence Alaska Medical Center in Anchorage** for the following inpatient specialty services: some cardiac patients needing surgery, newborn intensive care requiring a level III nursery, burn/thermal unit, patient overflow from the ANMC newborn and adult intensive care units, and occasionally overflow from other specialty units.

Many Alaska Native cardiac patients are referred from ANMC to the **Madigan Hospital in Ft. Lewis, Washington.** The **VA Hospital in Seattle, Washington** is used for spinal cord rehabilitation. The **Shriner Hospital in Portland, Oregon** is used for reconstructive surgery, usually for children who are victims of dog bites and burn patients.

The **Valley Memorial Hospital** in Palmer provides emergency care for patients who cannot make the 40 mile drive to Anchorage. The Valley Memorial Hospital is the only hospital in the Anchorage Service Unit, outside of the Municipality of Anchorage, that has the capability to provide specialty care.

Non-Tribal General Acute Care.

These hospitals serve local Native patients with general acute care and emergency room services. Payment for these services are authorized by the local Native health organization when no third party resource is available and when it is not feasible to transport the patient to ANMC.

Central Peninsula General Hospital in Soldotna - care is authorized by the Kenaitze Native health organization.

Cordova Community Hospital in Cordova - care is authorized by the Chugachmiut Native health organization.

Kodiak Island Hospital and Care Center in Kodiak - care is authorized by the Kodiak Area Native Association.

Seward General Hospital in Seward - care is authorized by the Chugachmiut Native health organization.

South Peninsula Hospital in Homer - care is authorized by the Seldovia Native Association.

Valdez Community Hospital in Valdez - care is authorized by the Valdez Native Association.

Non-Tribal Community Health Care.

Community mental health centers exist in Anchorage, Kenai, Homer, Glennallen, Kodiak, Seward, Cordova and Valdez. Anchorage also has a neighborhood health center, long-term care facilities and rehabilitation services. In rural communities, state public health nurses serve patients with an emphasis on preventive health care.

HEALTH STATUS OF ALASKA NATIVES LIVING IN THE ANCHORAGE SERVICE UNIT

The Anchorage Service Unit population is in transition from a traditional subsistence-based lifestyle to a blended subsistence and cash economy. Crowded living conditions and smoking contribute to respiratory illness, which make up four of the leading inpatient diagnosis. Substance abuse and lower socio-economic status are known risk factors for accidents and injuries. Increasing use of non-native diet and increased smoking are factors implicated in the increasing incidence of heart disease and cancer among Alaska Natives.

Mortality. The following tables display the total Alaska Native deaths by age and the three-year average crude death rates per 100,000 population for the Anchorage Service Unit.

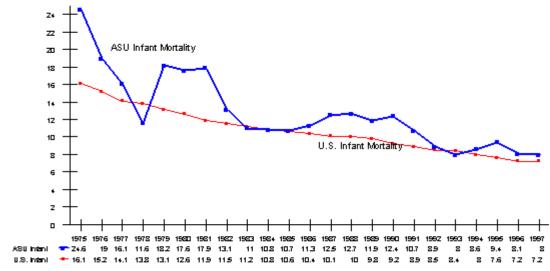
Infant Mortality. The infant mortality rates among Alaska Natives in the Anchorage Service Unit dropped below the U.S. national rate during 1993.

Anchorage Service Unit

Alaska Native Deaths by Age and Three-Year Average Crude Death Rates per 100,000 Population

		1995	1996	1997	3 -Year Rate		
	Total Deaths	176	196	202	623.4		
	Age at Death:						
	under 5	8	11	10			
	5-9	0	1	3			
	10-14	4	2	0			
	15-24	9	11	7			
	25-44	43	31	36			
	45-64	49	63	60			
	64+	61	77	86			
	Age Unknown	2	0	0			
						4005	
	Leadles Course of Booth		1995 /4		1996 /4	l .	1997 /4
	Leading Causes of Death	AI/AN	U.S.	Al/AN		AI/AN	U.S.
1)	Malignant Neoplasms /1	105.1	204.9	110.3		134.7	201.6
	Lung Cancer	32.0	57.5	34.5	57.3	41.3	59.2
2)	Unintentional Injuries (Accidents) /2	102.8	35.5	106.9	35.8	97.7	35.7
	Motor Vehicles	37.7	16.5	37.9	16.5	34.8	16.2
	Water Transport/Drowning	14.9	1.7	11.1	1.6	8.7	19.5
3)	Heart Disease	92.6	280.7	102.5	276.4	95.6	271.6
4)	Alcohol Related /3	49.1	7.7	54.6	7.5	55.4	7.3
5)	Cerebrovascular	37.7	60.1	35.6	60.3	32.6	59.7
6)	Chronic Obst. Pul. Diseases	24.0	39.2	23.4	40.0	28.2	40.7
7)	Homicide	22.9	8.7	20.0	7.9	23.9	7.4
8)	Suicide	28.6	11.9	26.7	11.6	16.3	11.4
9)	Cirrhosis	28.6	9.6	22.3	9.4	16.3	9.4
10)	Influenza & Pneumonia	11.4	31.6	12.3	31.6	9.8	32.3

Infant Mortality Rates Anchorage Service Unit vs. U.S. 1975 - 1997



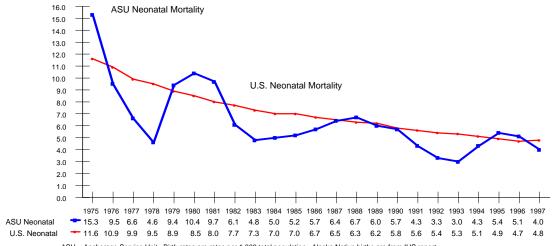
ASU - Anchorage Service Unit. Birthrates are rates per 1,000 total population. Alaska Matue births are from IHS report MSU, and he have year average is the end year of he have year period. U.S. rates are the single year indicated. Source: Alaska Natue data source, IHS standard reports MINFOTH-cand NSU-cc.

^{1/}Lung Cancer is included in Malignant Neoplasms.
2/ Does not include injuries purposefully inflicted or injuries undetermined whether purposefully or accidentally inflicted.
Motor Vehicle and Water Transport/Drowning are also counted in the total Accidents; it does not include alcohol related

deaths.
37 Alcohol Related deaths include alcoholic psychoses, alcohol dependence syndrome, alcohol abuse, alcoholic liver disease and cirrhosis, alcoholic polyneuropathy, alcoholic cardiomyopathy, alcoholic gastritis, excessive blood level of alcohol, and accidental poisoning by alcoholic beverages and ethyl alcohol.
47 Causes not included when deaths average less than one per year in 1995-97. Single year rates for U.S. Alaska Area Native Health Service, Division of Planning, Evaluation & Health Statistics.

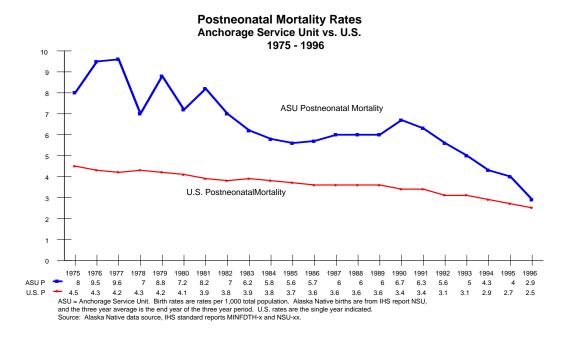
Neonatal Mortality. The neonatal graph shows both the Anchorage Service Unit Native neonatal mortality and the U.S neonatal mortality rates.



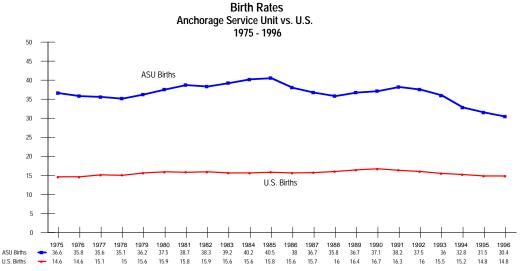


ASU = Anchorage Service Unit. Birth rates are rates per 1,000 total population. Alaska Native births are from IHS report NSU, and the three year average is the end year of the three year period. U.S. rates are the single year indicated. Source: Alaska Native data source, IHS standard reports MINFDTH-x and NSU-xx.

Postneonatal Mortality. The following graph displays the postneonatal death rates between the Anchorage Service Unit Alaska Natives and the U.S.



Births. The Alaska Native birth rates for Anchorage Service Unit Natives are more than two times the U.S. births for a 21 year period.

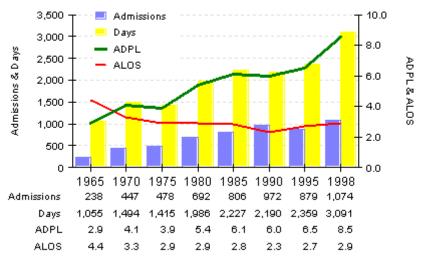


ASU = Anchorage Service Unit. Birth rates are rates per 1,000 total population. Alaska Native births are from IHS report NSU, and the three year average is the end year of the three year period. U.S. rates are the single year indicated. source: Alaska Native data source, IHS standard reports MINFOTHA and NSU-xx.

INPATIENT WORKLOAD

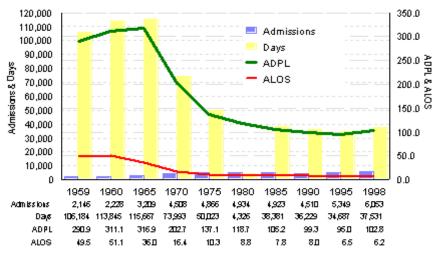
The following graphs display the Alaska Native Medical Center's newborn inpatient workload and the workload excluding newborns.

Newborn Inpatient Workload Alaska Native Medical Center: FY 1965 - FY 1998



ADPL = Average Daily Patient Load; ALOS = Average Length of Stay Source: HAS-202 Monthly Report of Inpatient Services

Inpatient Workload Excluding Newborns Alaska Native Medical Center: FY 1959 - FY 1998



ADPL = Average Daily Patient Load; ALOS = Average Length of Stay Source: HAS-202 Monthly Report of Inpatient Services

DISCHARGE DIAGNOSES

Alaska Native Medical Center Inpatient Discharges for All Age Groups: FY 1994 - FY 1997

	FY 1994	FY 1995	FY 1996	FY 1997
Deliveries (Childbirth)	878	873	936	925
Accidents & Injuries	817	863	951	880
Complications of Pregnancy	170	244	225	282
Heart Disease	169	222	199	241
Malignant Neoplasms	182	164	190	211
Pneumonia	141	247	251	210
Undiagnosed Symptoms	143	115	129	181
Bone & Joint Disorders	112	117	77	146
Infected Skin & Abrasions	103	112	112	134
Gynecologic Problems & Breast	130	139	146	133

Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, Direct Inpatient Report 2C.